Family ❤ PACT

Planning • Access • Care • Treatment

Sending Family PACT Client Information To the Lab

To assure appropriate and timely reimbursement from Family PACT for your contracted laboratory, send the following information to the lab for each Family PACT client:

1. **Primary Diagnosis "S" Code.** This indicates that management of a family planning method is the primary purpose of the requested laboratory test(s).

2. **Secondary Diagnosis ICD-9 Code.** This code indicates a sexually transmitted infection (STI).
   Concurrent Diagnosis ICD-9 Code. This code indicates a UTI or Dysplasia.

3. **The Client's Health Access Programs (HAP) Card number.** This is the number found on the teal blue identification card given to the client enrolled in the Family PACT Program.

4. Your **Family PACT provider number**.

5. Physicians must provide their individual (not group) MediCal provider number. Non-physician medical practitioners (NMP), i.e. NPs, PAs, requesting laboratory services under a physician's MediCal number must include the physician's individual (not group) MediCal number as well as the NMP's name on the lab request. (Refer to item number 17 in Part 2 of the Medical Service provider manual, HCFA comp, page 9)

6. **Your agency address.** Inform the lab that Family PACT services **should not** be billed directly to Family PACT clients for any reason. To avoid that situation do not give the lab the client's address.

If you include the above five (5) items with your laboratory requests, you will help ensure that your laboratory is reimbursed from Family PACT on a timely basis.